PEC UPDATE

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ISSUE HIGHLIGHTS

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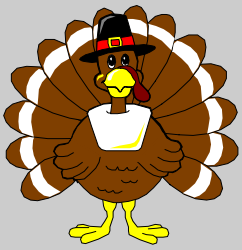
Have a safe and happy Thanksgiving holiday!



Department of Defense Pharmacoeconomic Center Charter

In September 1995, the Assistant Secretary of Defense (Health Affairs) [ASD(HA)] signed the charter changing the Pharmacoeconomic Center (PEC) from an Army organization with tri-service staffing to the Department of Defense (DOD) PEC. The Department of Army continues as the Executive Agent for the PEC. The PEC's missions to promote the cost-effective use of pharmaceuticals and provide a consistent and equitable pharmacy benefit to all beneficiaries remain unchanged; however, the new charter extends the PEC's role as the operational proponent for DOD pharmacy policy. The PEC is responsible for coordinating and directing pharmacy functional activity program management on behalf of the ASD(HA). In addition, this functional proponency role includes recom-mendations regarding pharmacy policy and practices in TRICARE (CHAMPUS).

This charter also dissolves the Tri-Service Ad Hoc Pharmacy Group formed in May 1993 to evaluate and recommend pharmacy policy. The voting members of the former Tri-Service Ad Hoc Group will become the Board of Directors of the PEC, with the Director of the PEC as Chairman of the Board. The directorship of the PEC will be selected by the Tri-Service Executive Committee. The Board of Directors will provide guidance to the PEC for functional policy and program recommendations, and support joint efforts to improve and standardize business processes and develop functional requirements.

Having a single DOD agent responsible for functional proponency should enhance the practice of pharmacy in DOD. The DOD PEC will continue to promote cost-effective pharmacotherapy decisions to provide a consistent and equitable pharmacy benefit to all patients in the Military Health Services System.

1996 Ambulatory Care Pharmacist Pharmacoeconomics Conference

The 1996 Ambulatory Care Pharmacist/ Pharmacoeconomics Conference is just around the corner. The conference will be held January 8-12, 1996 at the Hilton Palacio del Rio on the Riverwalk in San Antonio, Texas. The program is being coordinated through The University of Texas at Austin, College of Pharmacy. Topics scheduled to be addressed at the conference are listed below. Additionally, "hands-on" exercises in study design are planned. Conference attendees also will hear "success stories" from several conference participants. A poster session has been planned to give participants the opportunity to highlight the pharmacy activities at their facility. All attendees are encouraged to present a poster.

An opening reception is planned for the evening of January 8, 1996, and a dinner and a speaker are planned for the evening of January 11, 1996. Pharmacist continuing education credit will be offered. The PEC is working to obtain physician CME credit. Don't miss this great opportunity to network with other ambulatory care pharmacists and health care providers. Pharmacists, physicians, and other health care providers interested in attending the conference or presenting a poster should contact LCDR Mary Weber at the PEC (210-221-5494) or Jill Williams at The University of Texas at Austin, College of Pharmacy (512-471-6213, fax 512-471-8783) for additional information.

Tentative Program Topics and Speakers

- Overview of The University of Texas Pharmacoeconomic Center - Marvin Shepherd, Ph.D., Jim Smeeding , M.S., R.Ph.
- Pharmacoeconomic study design - Ken Lawson, Ph.D.
- Use of computers in decision, sensitivity, and data analyses - Karen Rascati, Ph.D., Marvin Shepherd, Ph.D.
- Pharmacoepidemiology - Marvin Shepherd, Ph.D.
- Persuasive skill and behavior modification - John Daly, Ph.D.
- The role of the pharmacist in primary care - Roland Patry, R.Ph.
- Team-building - Bob Salzman
- How to set up clinics - Mark Britton, Pharm.D.
- Disease management and pharmacoeconomic studies - Hank Blissenbach, Pharm.D.
- Use of analysis tools in clinical management and formulary decision-making - Vicki Crane, M.B.A., R.Ph.
- A review of pharmacoeconomic studies in the literature - Jim Wilson, Pharm.D., Ph.D.

Hail and Farewell to PEC Staff Members

The PEC would like to introduce some new staff members and say farewell to other staff members. COL Roger Potyk was part of the PEC since its beginning in January 1993. COL Potyk served as co-director along with COL Larry Grabhorn from January 1993 to July 1994. When COL Grabhorn retired in 1994, COL Potyk remained as director of the PEC. In September 1995, COL Potyk accepted a position as chief of pharmacy at Brooke Army Medical Center at Fort Sam Houston. We will miss COL Potyk, but wish him well in his new position.

Stepping into the director's spot is COL Errol Moran. COL Moran comes to us from Fort Benning where he was chief of pharmacy at Martin Army Community Hospital. The PEC welcomes COL Moran as the new director.

The PEC bids farewell to our NCOIC pharmacy technician, SFC Aundra Davis, who has been with us since February 1993. SFC Davis will be moving

to Wurzburg, Germany this month for a tour of duty at the 67th EVAC Hospital. She is being replaced by SFC Daniel Aponte, who comes to the PEC from Brooke Army Medical Center.

From the Mailbag.....

PEC Q & A

Q: When is the PEC planning on re-evaluating treatment of acid-peptic disorders? Until the re-evaluation, what should our MTF do now that a new proton pump inhibitor, lansoprazole, is available on the market as an alternative to omeprazole?

A: This question, although specific to acid-peptic disorders, applies to any disease state review. The PEC has not yet set a formal time line for the re-evaluation of acid-peptic disorders; however, our goal is to re-evaluate each disease state approximately every 2 years. The initial analysis and guidelines for acid-peptic disorders were published in July 1994, so we would anticipate a re-evaluation sometime during 1996.

When a disease state is re-evaluated, the PEC will include any drugs that have been approved by the Food and Drug Administration since the initial analysis. However, until a new analysis is conducted, those agents currently on the Tri-Service Formulary (TSF) must continue to be available at each MTF (i.e., cisapride, omeprazole). A facility can supplement the TSF with additional medications to meet the needs of their patients, thus MTFs can add lansoprazole or any other medications to their local formulary as necessary for patient care. It is recommended that TSF agents be used whenever possible to maintain a consistent pharmacy benefit for all patients.

Q: Colestipol powder was selected for the TSF, but my MTF has been using the colestipol tablet formulation in patients with good success. Why was the powder formulation selected for the TSF? Do I have to have colestipol powder on my formulary even if I have colestipol tablets?

A: The lipid lowering effects of the bile acid sequestrants, colestipol and cholestyramine, were considered equivalent at doses of 5 gm and 4 gm, respectively. For the powder formulations of these drugs, the compliance is considered equivalent as well.

As you mentioned, colestipol is available as a tablet formulation as well as the powder formulation. The patient compliance with this dosage form compared to the powder formulation appears to be similar.[1] Although anecdotal information suggests patient compliance with the tablet formulation is improved, this information was not available as comparative percentages or similar format that could be factored into the model to account for any compliance differences that may exist between the formulations. Thus, in the analysis all bile acid sequestrant products and formulations were considered equivalent. Colestipol powder had the lowest drug acquisition cost of these agents, and thus was selected for the TSF as the bile acid sequestrant of choice. Colestipol tablets were slightly more costly than the colestipol powder, and cholestyramine was more costly than both colestipol products in terms of overall costs.

As you point out, the TSF selection is colestipol powder. MTFs currently using the colestipol tablets can continue using them, but realize the total cost of therapy may be slightly more than if colestipol powder is used. As the TSF selection, colestipol powder must be available at all MTFs for all beneficiaries.

The PEC is continually improving the disease state models as new data becomes available. If your MTF has comparative data on patient compliance with colestipol tablets or colestipol powder, the PEC is interested in this information.

(Reference on page 4)

1. Insull W, Davidson MH, Demke DM, et al. The effects of colestipol tablets compared with colestipol granules on plasma cholesterol and other lipids in moderately hypercholesterolemic patients. Atherosclerosis 1995;112:223-35.

Civilian Pharmacist Position Available at the PEC

The PEC is looking for a civilian pharmacist to join our staff at Fort Sam Houston (GS-12, annual salary $49,324 to $61,654). A summary of responsibilities and duties of this position is listed below.

- coordinate and provide technical and administrative oversight of the DOD Medical Functional Integration Management pharmacy project
- provide technical assistance and monitoring of the Army ambulatory care pharmacist program
- provide expertise on pharmaceuticals, pharmacokinetics, drug use evaluation, and pharmacotherapeutics
- monitor and analyze pharmaceutical dispensing in the MTFs
- prepare or conduct training of physicians, pharmacists, and other health care professionals on the cost-effective use of drugs
- participate in, conduct, or monitor studies involving pharmaceuticals and pharmacy-related issues
- develop prescribing guidelines, drug use evaluation criteria, and other educational tools

To obtain a copy of the position announcement, please contact the Fort Sam Houston Directorate of Civilian Personnel, Civilian Recruitment Office, (210) 221-2166 or DSN 471-2166. Please refer to announcement number DEA 32-95.

PEC and DPSC Sign Memorandum of Understanding

The PEC and Defense Personnel Support Center (DPSC) recently signed a memorandum of understanding (MOU) as a cooperative effort to attain the most favorable contract pricing for pharmaceuticals used for the treatment of various disease states. This MOU defines mutually agreed upon terms for joint participation by the PEC and DPSC in Best Value procurement of medications/products that may be selected for the TSF. By combining efforts, both parties hope to obtain the lowest possible prices for DOD MTFs. If you would like more information, please contact Mr. Mel Miller at the PEC at (210) 221-4513 or DSN 471-4513, or Mr. Tom Fileccia at DPSC at (213) 737-2839 or DSN 444-2839.

Pharmacoeconomic Center Staff Directory

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